

In this issue...

Board of Health acts on smoke-free housing, smoking in public places

Graph: Risk factors that affect student success

Public Health awards \$2.2 million in Communities Putting Prevention to Work grants

Public Health Tobacco Prevention commends tobacco-free agencies

Board of Health acts on smoke-free housing resolution and revisions to smoking in public places code

by Joy Hamilton

In February 2010, the Tobacco Prevention Program presented to the King County Board of Health, which is a 10 person panel of elected legislators and public health experts charged with setting county-wide public health policy. The presentation explained the successes contributing to reducing tobacco use in King County in the last decade and also the challenges of growing tobacco inequities, new tobacco products and a stalling decline of smoking rates. The Board took action by convening the Tobacco Policy Committee, made up of four Board of Health members and Public Health — Seattle & King County staff. The committee has met three times during the last six months to discuss policy directions.



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Public Health
 Seattle & King County
 

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 Our website: www.kingcounty.gov/health/tobacco
 Our mailing address: 401 5th Ave Suite 900, Seattle, WA 98104

In this issue...

Board of Health acts on smoke-free

(Continued)

At its Sept. 16 meeting, the Board of Health approved the following:

housing, smoking in public places

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Joy Hamilton is the
Policy/Advocacy Manager in the
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Public Health — Seattle & King
County. For more information,

1. A resolution that recommends smoke-free policies for publicly and privately owned multifamily housing and includes model language for these policies. Secondhand smoke is a known health hazard. Smoke causes lung cancer, cardiovascular disease, sudden infant death, respiratory infection, and numerous other health problems. A report published by the Surgeon General concluded that banning smoking in all indoor areas is the minimum effective protection from secondhand smoke. Studies have shown that cigarette smoke travels throughout a multi-unit building and that structural modifications or air-filtration systems are not adequate to prevent smoke from traveling between units. At the September meeting, the Board of Health, endorsed a model policy for landlords and housing authorities that choose to go smoke-free. The resolution also educates landlords that housing smoke-free policies are legal; this misconception that they are not legal has been a barrier to landlords in the past.
2. Revisions to the current Board of Health code regarding smoking in public places and places of employment. This code had contained language from Initiative-901 that was passed by voters in 2005. The revisions from the September meeting strengthened the code by:
 - Adding definitions for words like employer and employee. Adding these definitions provide for clear interpretation of the code – improving the efficiency of education/enforcement efforts and creating a more specific legal framework for appeal processes.
 - Adopting increased fines for large venues impacting significantly more people than typical establishments. Previously, all establishments, regardless of size, faced \$100-per-day fines for violations of the Board of Health Code for smoking in public places and places of employment. This action now allows larger fines at venues that impact a substantially greater number of people and are often only in operation at limited times/days, allowing for limited enforcement. Examples of these establishments are stadiums, theaters and other entertainment venues.
 - Adopting re-inspection fees for establishments with multiple violations. Enforcement of the Board of Health Code is complaint driven and education based. Establishments initially receive a letter (notice of complaint) upon the first complaint received by Public Health. Subsequent complaints lead to on-site inspections, and the first violation observed during an inspection leads to an official warning and requires re-inspection to verify compliance. As a citizen's initiative, when Initiative 901 became RCW 70.160, it did not include any funds for the county health

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departments who took on enforcement. Re-inspections to the few establishments that continue to violate the law after an initial warning have turned out to be the most costly part of enforcement. Re-inspection fees are necessary to offset the costs of multiple inspections for these repeat violators.

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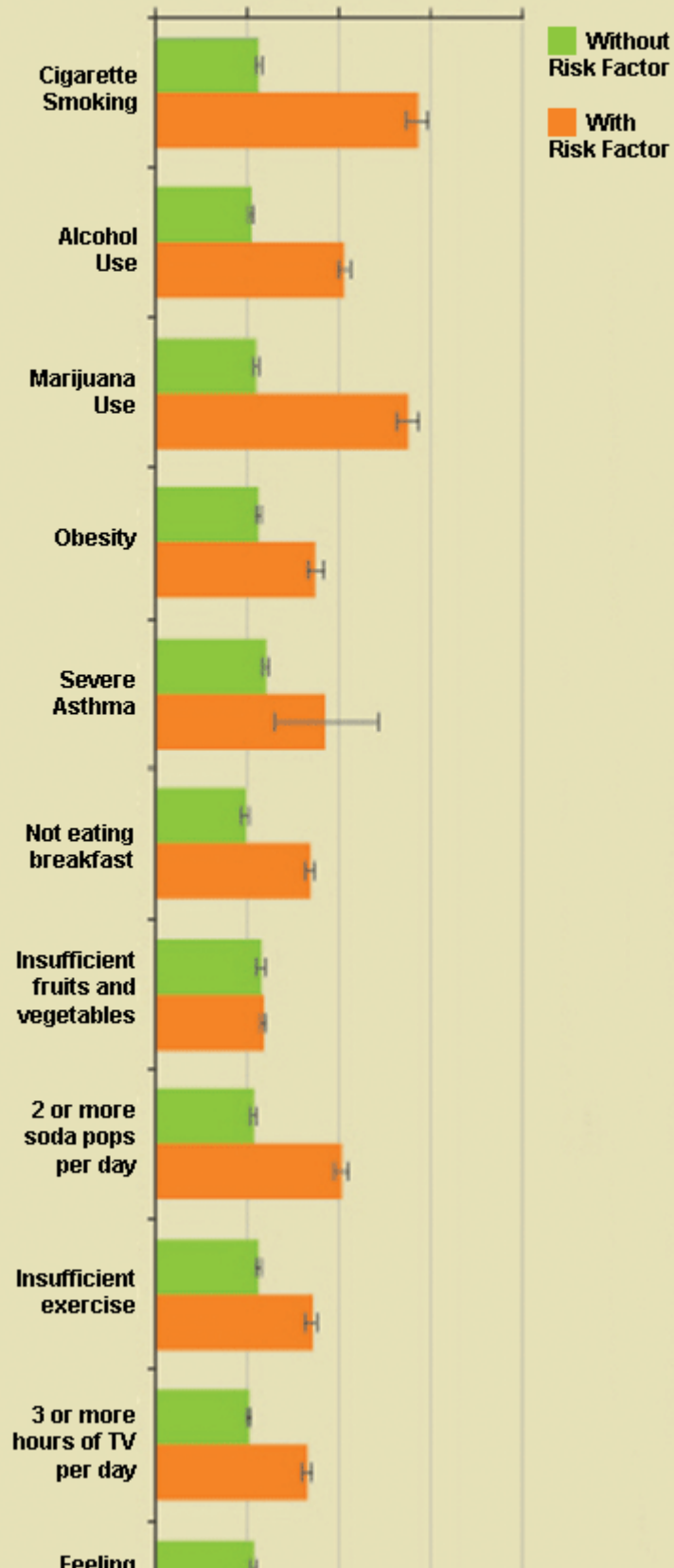
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Percent of Students at Academic Risk With and Without Health Risk Factors 8th Graders in Washington State

Health Risk Factors



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acts on smoke-free
housing, smoking
in public places**

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that affect student
success**

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in Communities
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Public Health awards \$2.2 million in Communities Putting Prevention to Work grants

by Sarah Ross-Viles

Public Health has awarded 15 Communities Putting Prevention to Work (CPPW) tobacco prevention grants totaling \$2.2 million dollars. Funding for these grants is from the \$10 million federal CPPW stimulus grant Public Health received for March 2010 – March 2012. The projects funded by CPPW tobacco grants will use policy, systems and environmental change strategies to reduce youth initiation, reduce tobacco disparities, increase cessation and reduce secondhand smoke exposure. Public Health also funded 40 healthy eating and active living projects from a companion CPPW obesity award.

CPPW awards are a unique investment in local public health that are designed to provide health departments with enough funds to make significant and lasting changes in policies and the environment to affect the leading causes of death. Public Health decided to use part of the grant to fund community-driven projects through a competitive process. Reaching the populations in King County that have the highest rates of tobacco use was a priority for this funding.

Public Health's CPPW tobacco grantees will work on changes like tobacco-free parks and hospitals, and smoke-free housing and colleges. A set of school-based projects will use social media to change attitudes around tobacco use, while schools will also evaluate and improve tobacco-free policies. Three grants to community-based organizations will provide training in local tobacco policy and how to educate policy-makers. Publicly funded mental health and substance-abuse treatment centers will get support from a grant to become tobacco-free campuses and provide cessation intervention for clients.

While tobacco use in King County has been steadily declining since funding for a comprehensive tobacco program began in 2000, the decline is no longer as steep. Additionally, large disparities in who uses tobacco in King County show that past efforts have not reached all groups equally. The pooled effect of the interventions funded by CPPW should again shift rates downward and also reach groups missed by other interventions.

Sarah Ross-Viles is the CPPW Project Manager in the Tobacco Prevention Program at Public Health — Seattle & King County. For more information, contact her at Sarah.Ross-Viles@kingcounty.gov or (206) 296-7613.

Because CPPW uses policy, systems and environmental change strategies (like tobacco-free policies) the impact will be sustainable after funding ends.

A full list of awards and explanation of the CPPW award and mission is at: www.kingcounty.gov/health/cppw. You can also sign up to receive updates on CPPW from this website.

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by Norilyn de la Pena and Michael Leon-Guerrero

A number of substance-abuse treatment agencies in King County are now tobacco free. Read more about the benefits to staff and clients, and how your agency can become tobacco free.



WHAT IS A TOBACCO-FREE AGENCY?

A tobacco-free agency is an environment free of tobacco use, both inside and out, including the use of smokeless tobacco such as snuff, chewing tobacco, and snus. Tobacco-free policies are intended to create a healthy environment for everyone who receives treatment, visits a client, or works in these facilities. To assist in compliance, 'No Smoking' signs should be clearly posted inside and outside the facility, at entrances, waiting lounges, bulletin boards and other main areas. Employees, consumers, visitors and vendors are all required to comply with this policy. A tobacco-free agency is essential in clients' recovery from mental illness and substance abuse.

WHY IS IT IMPORTANT?

Tobacco dependence is one of the most common addictions among people with compromised mental health, alcohol and other drug addiction—and a leading cause of morbidity and mortality in addiction treatment programs. On average, tobacco users have life expectancies that are 25 years shorter than the general population.

Despite the high prevalence of tobacco use among people with substance abuse disorders, tobacco dependence is often overlooked in addiction treatment programs. Patients who receive tobacco use treatment have better overall substance abuse treatment outcomes compared with those who do not (Ziedonis, D, NIH, March 17, 2008).

A tobacco-free environment also changes the social norm that everyone in treatment smokes and cannot quit.

A tobacco-free environment:

- makes it easier for a client to make behavioral changes
- provides a positive image for an agency and changes the culture and norm to reflect that smoking is an unhealthy behavior
- provides a positive image for people experiencing mental illness, homelessness, and chemical dependency
- protects employees and consumers
- provides more time for treatment
- holds an agency accountable for helping clients quit
- has fewer reports of behavioral problems and less violence after policies take effect (Williams, J., JAMA, February 6, 2008)

WHO HAS BEEN SUCCESSFUL IN IMPLEMENTING TOBACCO-FREE POLICY?

A number of treatment agencies in King County have established tobacco-free grounds and continue to incorporate nicotine treatment into recovery and wellness plans:

Therapeutic Health Services

Navos Mental Health Solutions

Union Gospel Hope Place

Union Gospel Men's Program

Bread of Life Mission

Salvation Army William Booth Center

SeaMar Des Moines Treatment Center

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Norilyn de la Pena is the Cessation Manager in the Tobacco Prevention Program at Public Health — Seattle & King County. For more information, contact her at Norilyn.deLaPena@kingcounty.gov

Valley Cities Counseling

Aloha Inn

Perinatal Treatment Services

Bishop Work Release

WHO TO CONTACT FOR SUPPORT IN POLICY CHANGE?

The Community Tobacco Cessation Partnership provides free staff training on evidence-based, brief interventions for addressing tobacco use and nicotine dependence. Staff knowledge and skills around tobacco use is the first step in dealing with staff resistance to implementing a successful policy. Barriers that contribute to the lack of attention given to this issue include staff attitudes about use of tobacco, lack of adequate staff training, unfounded fears among treatment staff and administration, and limited tobacco-dependence treatment resources (Ziedonis, D, NIH, March 17, 2008). Trainings will address these issues as well as the value of interventions, medication for treatment, motivational interviewing, media/marketing, and resources. Email us at

Cessation.Partnership@kingcounty.gov.

Agencies are encouraged to refer employees and consumers to the **Quit Line (1-800-QUIT-NOW)** for free help quitting tobacco.

@kingcounty.gov or (206) 296-7613.